



Who Are We?

- Represent 230 **not-for-profit** aging service providers in Michigan
- Most are faith-based organizations, hospital long term care units
 - Home and community based services
 - Unlicensed assisted living
 - Life Care Communities - CCRCs
 - Hospice
 - Home Health
 - Senior Housing
 - Homes for the Aged and Adult Foster Care
 - Nursing homes, county medical care facilities, hospital long term care units

Aging Services of Michigan

Mission – to support our not-for-profit members in their missions to serve seniors in Michigan

What Do We Do?

- Provide information and advocacy for senior programs to legislature/MDCH/DHS
- Member education for many aspects of senior services
- Provide reports and resources to support policymaking and system design



Home and Community Based Programs - Medicaid

- **Adult Home Help**
- MI Choice Program
- PACE
- Home Health
- Hospice



Home Help Services

- 100% of federal poverty level – or spend down
- Medical necessity form signed by medical provider
- Functional assessment determines the amount and type of services
- Monthly caps on some services – 5/shopping, 6/light housework, 7/laundry, 25/meal preparation
- Services delivered in place resident calls home (except for nursing homes)
 - Eating
 - Toileting
 - Bathing
 - Grooming
 - Dressing
 - Mobility
 - Taking medication
 - Meal preparation and clean up
 - Shopping for food and other necessities of daily living
 - Laundry
 - Housework

Home Help Services

1. Independent
2. Verbal assistance
- 3. Some human assistance**
- 4. Much human assistance**
- 5. Dependent**

Home Help Services

- 70% of Medicaid beneficiaries using Home Help are under age 65
- Some of the participants have high level needs
- Medical Eligibility criteria are quite strict – 100% (150%) of the federal poverty level
- Or when incurred medical expenses are high and place people in this income level

Home and Community Based Programs - Medicaid

- Adult Home Help
- **MI Choice Program**
- PACE
- Home Health
- Hospice



MI Choice Program

- Michigan's 1915c waiver for elderly and disabled
- Differs from State Plan Services –
 - Waives requirements for comparability, access
 - Enhanced eligibility – 300% of SSI
- Provides approximately 20 kinds of services to participants in home or residential settings other than nursing home

MI Choice Program

- Participants must meet the nursing facility level of care
 - Have significant difficulty with mobility
 - Have significant cognitive problems
- Designed to include persons who are generally unsafe at home alone
- Waiting list hovers around 3,500-4,500 persons statewide
- Approximately 9,000 participants statewide

Home and Community Based Programs - Medicaid

- Adult Home Help
- MI Choice Program
- **PACE**
- Home Health
- Hospice



PACE

Program for All Inclusive Care for the Elderly

- One of the most effective programs in keeping persons out of nursing homes
- Persons cannot be in nursing home, but must meet the nursing home level of care criteria
- Blends funding streams from Medicare/Medicaid
- Includes primary, acute, and rehabilitative care through Medicare
- Includes long term care services under Medicaid
- Uses an Adult Day Health model

Home and Community Based Programs - Medicaid

- Adult Home Help
- MI Choice Program
- PACE
- **Home Health**
- Hospice



Home Health

- Skilled nursing, physical therapy, speech therapy
- Generally covered by Medicare, but also provided to Medicaid beneficiaries who are not covered under Medicare
- Small program under Medicaid in Michigan

Home and Community Based Programs - Medicaid

- Adult Home Help
- MI Choice Program
- PACE
- Home Health
- **Hospice**



Hospice

- Generally provided under Medicare, but can be provided under Medicaid
- Provides in home services generally
- Can be used to assist with end of life care in nursing homes
- Inpatient settings used for short term to control symptoms

Residential Programs

Adult Foster Care and Homes for the Aged

- Home Help can cover personal care in Adult Foster Care Homes or Homes for the Aged
- Persons in these settings will meet the criteria even if the only assistance needed is with verbal prompting
- Provides only approximately \$200 per month in those settings for personal care. Does not cover room and board.

Residential Programs

Unlicensed assisted living/HFA-AFCs

- MI Choice can cover services in unlicensed assisted living, homes for the aged, and adult foster care
- Cannot cover room and board
- Consumers can choose the residential setting to provide services or another qualified provider

Residential Programs

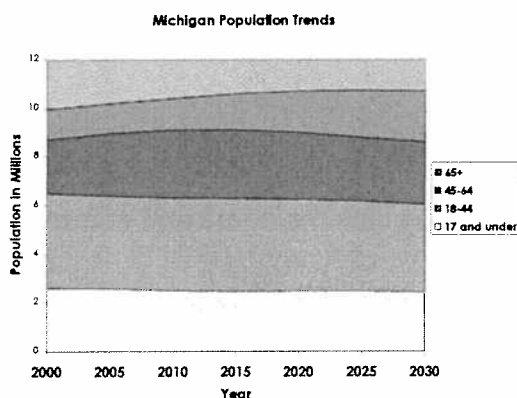
Nursing Home

- Beneficiaries must meet nursing facility level of care
- Michigan use of nursing homes is small compared to other states
- Downward trend of approximately 175,000 Medicaid bed days per year.
- Medicaid is the payer for over 60% of persons in nursing homes
- Over time, residents are becoming higher and higher acuity

What Are Our Challenges?

- Unprecedented Demographic Changes
- Heavy Caregiver Burden
- Diminishing funding for Medicaid Long Term Care in Michigan
- Fragmented and uncoordinated delivery system

Unprecedented Demographic Projections



Family Caregiver Burden

- Nationally, 85% of seniors with care needs are served by unpaid family members.
- Greater burden in Michigan - \$6.30/\$3.70 dollars in unpaid family care for every dollar spent on Medicaid (Michigan/Nationally respectively)
- Michigan is listed as having the 4th highest family burden in US

Diminishing Medicaid Funding

- Decreased funding by 10% in last ten years, with increasing need
- Poor economy
- Long waiting lists for home and community based programs

Fragmented Service Systems

- Beneficiaries receive no coordination of care between primary, acute, long term services other than the PACE program
- Changes could lead to both cost savings and better outcomes

What Are We Working Toward?

- **Access** – more and better program options for income limited seniors – especially **home and community based services**
- **Savings** – more care dollars going to the bedside, better coordination between fragmented programs to improve outcomes and decrease cost
- **Quality** – reimbursement systems that will incentivize providers to improve consumer outcomes; person centeredness and consumer choice as the basis for all programs

Questions?

